

Title of the abstract

Bottleneck analysis of KMC implementation in India

Authors

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Background: The uptake and implementation of KMC in India has been slow. Understanding the constraints and bottlenecks would aid in KMC scale up.

Methodology: Facility based KMC implementation was assessed by onsite visits (10 facilities) in 2013. The global bottleneck analysis tool for maternal and newborn care was revised and adapted to the Indian context to assess the bottlenecks in KMC implementation.

Results: The following bottlenecks were identified:

1. **Leadership and governance:** There were no separate specific guidelines on KMC at the national level, though there were references to KMC in numerous national in-service training modules.

2. Health financing

Under the program implementation plans (PIPs) no separate funds were allocated to KMC implementation.

3. Health workforce

There was no separate cadre of health workers for supporting KMC. The medical officers and nursing staff had no specific role definition on KMC. There was no pre-service training in KMC.

4. Equipment

Although the list of supplies needed for practicing KMC was mentioned, all the supplies were not necessarily available at all the special newborn care units (SNCU).

5. Health service delivery

Though the National Neonatology Forum promotes KMC, it was implemented only at few facilities.

6. Health information management system

KMC was not included in any standard health information management system.

7. Community ownership partnership

No formal advocacy and community ownership mechanisms and campaigns on KMC were available.

Conclusions: Bottlenecks in KMC implementation were identified and this will lead to solutions to scale up KMC.